

# Euthanasia and Grief Support in an Equine Bond-Centered Practice

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Advances in veterinary medicine make it possible for many horses to live well into old age. As horses age, it is not unusual for owners to invest significant amounts of time, energy, and money in their horses' health care. During this process, owners also invest significant amounts of emotional trust in their veterinarians. When a horse dies, owners do not want their trust betrayed. They want and deserve reassuring words and demonstrations of support in acknowledgement of their horse's death.

Extending veterinary services beyond the medical treatment of animals to also include the emotional support of clients is the hallmark characteristic of a Bond-Centered Practice. The Bond-Centered Practice approach to veterinary care is based on the belief that providing emotional support for people is as much a priority as providing high quality medical treatment for animals. A Bond-Centered Practice is defined as one that supports and responds to the emotions created by the human-animal bond.<sup>1</sup> The Bond-Centered approach is most effectively used in equine medicine when veterinary teams are dealing with the death or euthanasia of a beloved horse.

Many people view their horses as companion animals. This usually means a horse is thought of as a source of emotional and social support and often viewed as a best friend or even a family member (Fig. 23-1). Horses in this category are likely to elicit strong feelings of attachment from their owners, especially geriatric horses who have lived with the same family for many, many years.

Yet, according to researchers at the University of California-Davis, veterinarians characteristically underestimate the importance of their clients' attachments to their animals.<sup>2</sup> If equine veterinarians trivialize the human-animal bond, they can damage relationships between them and their clients. This is especially true when clients experience the deaths of their horses.

Death is an inevitable part of horse ownership. Patient death is also an inevitable part of veterinary medicine. Due, for the most part, to the option of euthanasia, it is estimated that veterinarians experience the deaths of their patients five times more often than their counterparts in human medicine.<sup>3</sup> Therefore, death and euthanasia are issues of central importance to the field of equine medicine.

This chapter does not concern itself so much with the medical aspects of equine euthanasia. Rather, its focus is on how to make the emotional side of the experience more positive, especially when owners want to be present during their horse's euthanasia.

## Horse Owners

Horses may be used for ranch work or ridden for competition, therapy, or pleasure. Some owners' livelihoods are dependent on their horses. When people and horses spend time together on a daily basis, there is no doubt that special bonds develop between them.

One survey revealed that most horse-owning households tended to be families with children who were

Regardless of gender, the majority of horse owners appreciate it when veterinarians extend a caring attitude along with their medical expertise. When veterinarians strive to lend clients their emotional support, they help to relax the societal restrictions about what is acceptable when grieving the deaths of horses and other companion animals (Fig. 23-2).

## Euthanasia

Perhaps no other medical procedure has as great an impact on veterinarians, the veterinary team, and the quality of the veterinarian-client relationship as the procedure of euthanasia. When euthanasia is performed well, it can soothe and reassure all involved that the decision to end a horse's life was the right one. However, when euthanasia is done poorly or without sensitivity and skilled technique, it can deepen, complicate, and prolong grief for everyone. Equine veterinarians who wish to perform euthanasia well should keep several techniques regarding grief support in mind. These techniques can be grouped into three categories: pre-euthanasia preparation, client-present facilitation methods, and post-death follow-up care.

### Pre-Euthanasia Preparation

In equine medicine, client presence at euthanasia has traditionally been discouraged. However, contemporary equine medicine is beginning to see euthanasia in a new

light. Today, many equine veterinarians recognize that, when euthanasia is performed humanely and with the clients' emotional needs in mind, the presence of the client can be a powerful practice-builder and a potent grief intervention tool.

In the old model of equine euthanasia, the standard operating procedure was to talk about the process as little as possible, involve clients as little as possible, and get the deed over with as quickly as possible. Euthanasia was often referred to only indirectly or euphemistically and clients were encouraged to simply "walk away" from their animals so they would not be burdened by the details of their horse's deaths. It was believed that this impersonal, clinical approach to euthanasia helped protect both clients and veterinarians from dealing with emotions, thus making the process as painless as possible for all involved.

This paradigm probably worked for some, but for others it created different kinds of emotional pain. For many clients and veterinarians alike, it created feelings of guilt, shame, depression, and unresolved grief. The old model of euthanasia was particularly hard on veterinarians because it placed the bulk of the emotional burden on their shoulders. Veterinarians were usually the ones to decide when, why, how, and where animals should die. In addition, veterinarians usually refrained from formally acknowledging their patients' deaths and from contacting their clients afterwards. The old model forced everyone to grieve in isolation and, in general, did not



Figure 23-2 Horse owners appreciate it when veterinarians extend a caring attitude along with their medical expertise.



**Figure 23-1** Horses are usually thought of as a source of emotional and social support and often viewed as a best friend or even a family member.

more likely to live in rural areas or small towns.<sup>4</sup> In a high percentage of these horse-owning households, a female between the ages of 31 and 50 took care of the horses' daily needs and decided whether or not the animals needed veterinary care. Specifically, 68 percent of women compared to 32 percent of men were the primary caretakers of their horses' needs, and 69 percent of women compared to 31 percent of men decided if their jointly owned animals needed veterinary care.

Many equine veterinarians deal primarily with female clients. In studies, girls and women have reported stronger emotional relationships with their companion animals.<sup>5</sup> Girls and women are socialized to attend to and express emotions more than men. They also expect others to attend to their emotions. It can be expected, then, that female horse owners will

often react differently to the deaths of their animals than male owners. As one long-time equine veterinarian said,

"Most of my clients are women. I work with show horses a lot. Men are quicker to go with euthanasia. Women are slower to accept [euthanasia] and are quicker to cry."<sup>6</sup>

Another said,

"Women need to say good-bye. They are generally responsive to a hug or kind words about how special their horse was, an acknowledgement of how well she cared for the horse, or reassurance that she has made the right decision to help the animal die. Most go around the corner of the building while the injection is given and then come back to spend time with the horse once it is down."<sup>6</sup>

allow either veterinarians or clients to find "closure" for their grief.

In the new model of euthanasia, the standard operating procedure is the opposite of the old. With the new model, it is more common for veterinarians and clients to discuss and talk about euthanasia together, directly, and at length. It is also common to take as long for the procedure as is needed and as is possible, to involve clients in the process as much as possible, and to acknowledge the death and to talk openly about it afterward. The new paradigm is congruent with the research concerning healthy grief resolution and effective practice management.<sup>7,8</sup> The new model is both sensitive and pragmatic.

Not all clients want or require a lot of time or attention when euthanizing their horses. Based on clinical experience, each client makes a different choice. Some choose total involvement and orchestrate fairly complex euthanasia processes, whereas others choose minimal involvement, opting only for a good-bye nuzzle as they leave the euthanasia site.

**Client Presence:** Once clients decide to be present during euthanasia, they need to be prepared for what lies ahead. Research shows that longer preparation time diminishes the intensity of grief reactions and that anticipatory grief acts as a mitigating influence on postdeath grief.<sup>9,10</sup> Successful client-present euthanasias begin with thorough preparation. Preparation minimizes regrets—the "what ifs," and the "if onlys"—that inevitably follow companion animal death.

Talking to owners about the impending deaths of their animals is challenging. Veterinarians are most helpful to clients when they do not interfere or take sides during the decision-making process and then support them in whatever decision they make. Veterinarians are also helpful when they present accurate information in nonjudgmental ways.

**Explaining the Procedure:** Clients should be informed about what occurs during euthanasia, regardless of their choice regarding presence or nonpresence. To begin, veterinarians should review the procedure step-by-step. For example, owners should be told what drugs will be given and how they will affect their horses. They should also be told that the drugs will take effect in several seconds and that their horse may fall (perhaps hard) to the ground. Veterinarians should be honest, specific, and thorough in their descriptions of death by euthanasia, as this is the only way owners can make informed decisions about whether or not to be present. They should also focus on the fact that death is quick and painless.

A pre-euthanasia description may be similar to the following. In general, veterinarians should deliver this

information in a private setting where clients can sit down and have access to tissues, water, and other comforting items. Veterinarians should use a soft, gentle tone of voice and speak a bit more slowly than usual. The topics usually take about 10 minutes to cover and clients often have questions and comments and may express emotion along the way.

"Mrs. Brown, I know Sugar is very important to you. I want you to feel you have said good-bye to him in whatever way is right for you. I realize you might want to be there when Sugar is euthanized, so I would like to inform you of what you might expect from this procedure now, if that is okay with you."

With the client's permission, the veterinarian continues.

"When I euthanize a patient, the first thing I do is place a catheter in the horse's neck. This makes it easier for me to give the drugs. If necessary, I may give Sugar a mild sedative, but when he is actually euthanized, Sugar will die from the injection of a very strong barbiturate. The barbiturate will cause his brain to stop functioning so he will feel no pain. Soon after, the rest of Sugar's body will shut down until his heart stops. I want to assure you that there is no physical pain for Sugar associated with this.

Once the injection is given, Sugar will continue to stand for several seconds, then begin to collapse, and finally fall to the ground. He will not know what is happening and will be dead by the time he hits the ground. He may hit the ground very hard. For a few seconds, he may move his legs a bit or stretch them out stiffly. In addition, Sugar may take several deep gasps, but he will not be aware of this. You may see his eyes moving back and forth for several seconds and his eyes will remain open after death. There is generally no blood from the nose or mouth (unless a particular disease is present that would cause this). Sugar will most likely urinate, defecate, or pass gas within a few minutes. He may also have a heartbeat for a couple of minutes, but generally no breathing. Sugar will be completely unaware of what is happening during this time, but I still want to prepare you that this may be difficult to watch."

The veterinarian continues by saying something like,

"It will be impossible for me to fully control Sugar's collapse; therefore, I cannot predict which direction he will fall. In some instances, I have had horses rear up or kick. Therefore, it will be important that you stand away from him until he is on the ground. If you wish to pet or talk to him again, you will be able to in a few minutes after I have pronounced him dead. Then, you will need to come in on the safe side of his body, away from his legs. Under no circumstances should you come close to Sugar during the procedure. This is for your safety and for Sugar's benefit. I can't perform euthanasia in the most humane way if I am distracted by your presence. Remember, you should not try to intervene even if it appears I need help. If I need help, my technician will step in."

Veterinarians close the description of what will occur by reassuring owners that they will support them whatever they decide. They say something like,

"You will need to decide what is best for you based on everything I've told you. I want to ensure your needs are met, so I will respect your decision whether or not you want to be there."

Owners should also decide who else they want to accompany them to the euthanasia. For example, with proper preparation, children often choose to be present when their horses die. It is a good idea to encourage owners to ask someone to attend their animals' euthanasias with them, as even sensitively conducted deaths are difficult to bear alone.

Although client presence has value, encouraging client presence must be done with care. Veterinarians should never talk clients into being present at euthanasia. Some clients very clearly decide to leave their animals in their veterinarian's hands to be euthanized. This option is as acceptable as any other and clients should not be deterred from this decision.

**Locations and Logistics:** When horses are injured or in distress, veterinarians need to act quickly. Also, on ambulatory services, the luxury of euthanizing sick or injured animals in private usually does not exist. Thus, emergency euthanasias are often performed in pastures, stables, arenas, show rings, or race tracks. The goal in these situations is to help horses die as quickly and painlessly as possible.

The most common place for horses to be euthanized is in clients' pastures and stables. Under most of these conditions, veterinarians do not have the benefit of support staff to help clients make decisions or to comfort them after their horses have died. Therefore, it is helpful to encourage owners to bring friends or family members along with them to the euthanasia site to help them with their decision-making and to provide extra support. This way, veterinarians can focus on medical procedures, while clients receive comfort from others.

Clients may ask veterinarians to euthanize their horses in a stall, especially if they choose to be present. However, it may be hazardous to perform euthanasia in a stall that is not specifically equipped for euthanasia. In addition, it is very difficult to remove a horse's body once euthanasia has been completed. Therefore, stalls should be used only when horses are already down or unable to be moved due to illness or injury.

If euthanasias are conducted in stalls, concrete areas can be padded with hay or other protective padding, but caution should be used, as this material can become slippery. When it is explained, most owners understand why stalls are not the most practical areas for euthanizing

horses. They, too, are interested in using areas that will later facilitate the most efficient disposal or rendering of their horses' bodies.

If client-present euthanasias are performed at veterinary hospitals or large animal surgery practices, an ambulatory horse can be moved into a surgery preparation room for euthanasia. There, an intravenous catheter can be placed and a sedative can be given to calm the horse prior to moving him or her into an anesthesia induction stall.

Anesthesia induction stalls are padded (walls and floor) and equipped with a padded wooden gate. This gate is used to keep the animal safely against the wall during the administration of the euthanasia solution. The gate swings up against the horse and pushes him into a space approximately equal to an adult horse's length and width. At this time, a lead rope is loosely looped through a wall tie or iron ring to partially control the animal's movements. The animal may show brief excitability when gently pushed against the wall, but this is momentary, as the euthanasia solution is injected into the catheter immediately (Fig. 23-3).

As the animal goes down, the lead rope is loosened and the gate is slowly moved back. This allows the horse to fall onto the padded floor. A thick strap with loops at each end is placed on the floor before the gate is opened and the horse falls. Later, the strap is attached to a hoist for moving the horse onto a cart and then to the necropsy or body disposal area.

Horses can also be euthanized in an anesthesia recovery stall. Like the induction stall, the recovery room is padded but does not have a swinging gate. Once the animal is in the stall, the lead rope is loosely attached to a wall tie or iron ring to partially control the animal's movements. The veterinarian and technician then ensure that they are safely positioned while working with the animal. If possible, they attempt to guide the animal down slowly. The veterinarian may also try to push the animal toward the wall so the animal can lean against it. This way, the animal slumps down rather than falling with full body weight onto the mat. A horse may still fall hard, but a fall onto a recovery pad is more aesthetically pleasing to witness than one that occurs on concrete. The recovery room also has a hoist that allows an animal to be lifted up onto a cart for transport to necropsy or other body care areas.

With adequate preparation, clients often observe these euthanasias, but they should not be directly involved with the procedures. Clients should stand in the doorway of the anesthesia induction or recovery stall and can enter the stall to spend time with their animals after they are down. They should be offered time to say goodbye to their animals and then escorted out before the hoist is used to move the animal. If possible, a staff member



**Figure 23-3** Anesthesia induction stalls are padded (walls and floor) and equipped with a padded wooden gate. The gate swings up against the horse and pushes him into a space approximately equal to an adult horse's length and width. A lead rope is loosely looped through a wall tie or iron ring to partially control the animal's movements.

should stay with the horse's body at the euthanasia site. Clinical experience shows that almost every owner takes one last look back at their companion animal before they actually leave. When they see a friendly, familiar face next to their horse, they feel reassured that their companion animal will not be forgotten or treated with disrespect once they leave.

It should be noted that neither of these rooms should be used if animals are suspected to have contagious conditions such as strangles or salmonellosis. If this is the case, the situation should be fully explained to the owner and an appropriate place (based on convenience, safety, and privacy) can be used for the euthanasia, with or without the owner's presence.

On some occasions, the decision is made to euthanize horses during surgery. If the decision is made to euthanize on the surgery table, or if animals die unexpectedly on the table, owners can be offered the opportunity to view their horse's body and to say goodbye. In these cases, owners can be dressed in surgery scrubs and the surgical incisions can be adequately draped so owners are not overwhelmed by the medical aspects of the scene.

Regardless of where and when euthanasia occurs, procedural matters should be dealt with prior to the euthanasia, if possible. Consent forms should be signed and arrangements for payment should be made. If the

owner is a trusted client, a bill can be sent after the event. However, the bill should *never* be included in a condolence card.

**Body Care:** Whenever possible, decisions about body care should be made prior to euthanasia. Owners should be offered all of the options available to them, and each should be explained with honesty and sensitivity. The cost of each option should also be disclosed. Some horse owners choose to bury or cremate their companion animals, even though it is very expensive to do so.

When offering body care options for large animals, veterinarians can say something like,

"Mrs. Brown, I can offer you three options for taking care of Sugar's body after he dies. The first option is that you can take him with you and bury him yourself. The most efficient system for this is to prepare the gravesite first and then euthanize Sugar at that location.\*"

Second, I work with a service that can cremate Sugar's body and either dispose of the cremains for you or return them to you. Some people like to keep their horses' cremains and some like to spread them in an appropriate

\*Regulatory agencies warn that barbiturates in the rendering food chain and "relay toxicity", where scavenger wildlife ingest barbiturates from an animal carcass and are intoxicated, may be problematic.

location. Just so you know, cremating a horse is a very labor intensive process and can be very expensive.

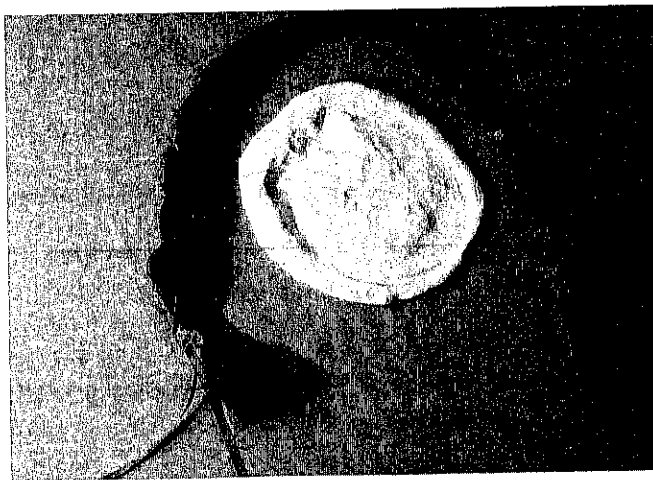
Your third option is to have us take care of Sugar's body for you. Although I wish I had a more aesthetically pleasing option to offer you, my only option is\_\_\_\_\_." (Veterinarians should fill in the blank with whatever is accurate, usually disposal by a rendering company.)

Most owners have no choice but to render their animals; however, many of them may feel it would be more meaningful to bury or cremate them. When clients express this dilemma to you, you can help them come up with creative solutions. For example, you may suggest that they make a clay impression of their horse's hoof as a keepsake or take the horseshoes or hair from the tail or mane with them and send the remains to be rendered (Fig. 23-4). There are numerous other creative solutions to this problem. The idea is to give clients permission to take action that is meaningful to them.

### Client-Present Facilitation Methods

When the day arrives, a euthanasia appointment should be given first priority over everything except medical emergencies. Whenever possible, it is recommended that all client-present euthanasias be conducted by a team of at least two veterinary professionals. This allows whoever is assisting the veterinarian to also focus on owner needs and allows the veterinarian to concentrate on the medical aspects of the euthanasia procedure. Pagers should be turned off during the actual procedure to avoid unnecessary distractions.

**Catheters:** If owners have elected to be present, it is highly recommended that a catheter and a sedative be



**Figure 23-4** A clay impression of the horse's hoof and hair from the tail or mane are examples of meaningful keepsakes that you can suggest to owners.

used. Catheters and sedatives are not always necessary to improve the medical procedures involved with euthanasia. However, they often enhance the emotional side of euthanasia, as they make it easier to watch the drugs being administered because the horse does not appear to resist the needle (Fig. 23-5).

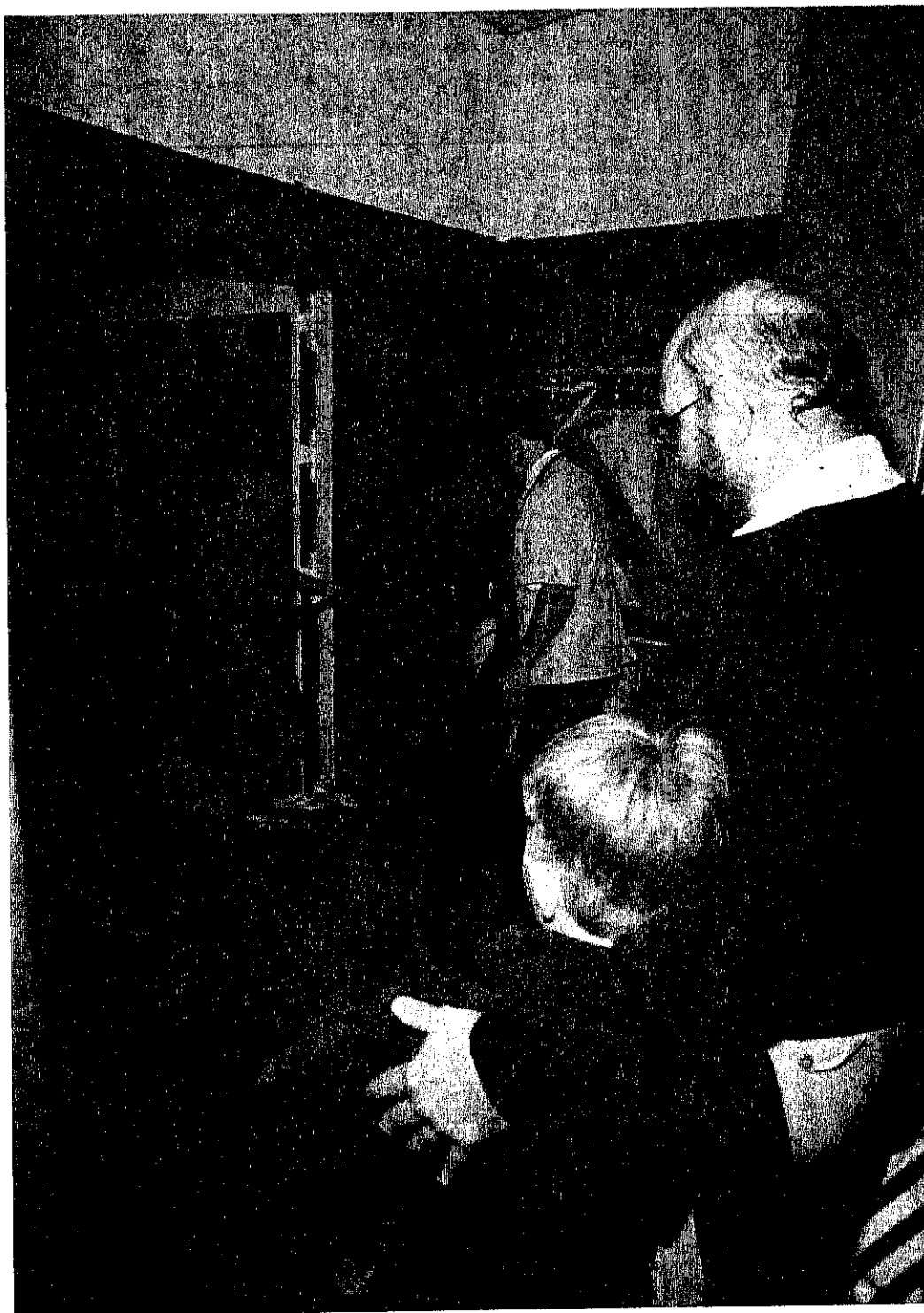
If a catheter is used, it should be placed in the jugular vein. This allows easier and safer access to the horse. A catheter not only facilitates rapid administration but also ensures direct injection into the vein without multiple attempts. Horses are given local blocks (1 mL of lidocaine) under their skin, just over the vein, to anesthetize a small area of their necks and to ease placement of a catheter into their jugular veins. Most will feel no discomfort with the insertion of the catheter. If the added cost of using catheters for euthanasias is a concern, nonsterile, previously used ones can be placed. Veterinarians should be sure that used catheters are in working condition before they are used with an owner present.

If a catheter is not used, a 14-gauge needle should be inserted into the jugular vein. The needle should be loosely attached to the first syringe so that it can be removed and the second syringe attached without delay. Veterinarians should be sure to explain to owners that blood will be seen flowing from the needle as the syringes are exchanged. If a technician is available, the solution from both syringes can be injected into both jugular veins simultaneously.

**Drugs\*:** Because client presence during euthanasia has not been the norm in equine medicine, drug combinations that would reliably produce both humane and psychologically acceptable deaths for owners have not been methodically tested. However, successful methods for minimizing the side effects of euthanasia that make the dying process appear difficult to owners, such as vocalizations, reflexive muscle contractions, and agonal gasping, are being developed. With a variety of current methods, unconsciousness is reached rapidly, death occurs quickly, and the process appears to be painless for the animal.

When clients are present, veterinarians should carefully evaluate the usefulness of sedatives or tranquilizers prior to euthanasias, as they may calm animals and smooth out the way animals fall. Several drugs, in various combinations, can be used to sedate or tranquilize horses prior to euthanasia. According to several veterinarians consulted on this topic, a tranquilizer such as acepromazine or sedatives such as detomidine or

\*Authors' note: We are not veterinarians and wish to make it clear that we are not making recommendations about how veterinarians should use any of the drugs listed in this chapter. Rather, we are reporting what several equine veterinarians and pharmacists we interviewed recommended.



**Figure 23-5** If owners are present during euthanasia, it is highly recommended that a catheter and a sedative be used, as they make it easier to watch the drugs being administered.

xylazine (Rompun) can be used. Xylazine, for example, is a short-acting sedative/analgesic that is often used for pain in colicking horses. Ketamine, an anesthetic, can also be used, but must be used in combination with a sedative such as xylazine. Butorphanol, a narcotic

agonist-antagonist analgesic can also be used to calm horses prior to euthanasia. The amount of drug used varies based on the drug, the nature of the situation, and the needs and disposition of the animal. It is important to remember, however, that when using sedatives and



tranquilizers prior to euthanasia, it may take longer for the euthanasia solution to take effect. This is particularly true for animals suffering from cardiovascular problems, other serious illnesses, or old age.

Pentobarbital sodium, a Class Two barbiturate, is most commonly used for euthanasia of large animals. The recommended dosage is 40 mg per pound of animal. The drug is administered intravenously as rapidly as possible. It is important to be accurate when preparing the dosage, as clinical experience shows that underdosing animals usually causes them to die more slowly. An inadequate dose, or even slow delivery of the dosage, can result in extreme excitement in the animal. At a client-present euthanasia, this will cause the horse, the owner, and the veterinary team more distress.

In special circumstances, some veterinarians recommend adding an appropriate dose of succinylcholine, a paralytic agent, to the second syringe of pentobarbital. This eliminates gasps, "running in place," and other residual effects associated with euthanasia. This drug should be added only to the euthanasia solution, so that animals are unaware of its paralyzing effect. The 1993 Report of the AVMA Panel on Euthanasia summarizes some of the unacceptable agents and methods for euthanasia. It condemns the sole use of succinylcholine, or any other neuromuscular blocking agent, for the purpose of euthanasia without use of a sedative,<sup>11</sup> because it causes death by suffocation. It is assumed that suffocating an animal that is fully aware of what is taking place would produce great distress and severe anxiety.

**Saying Good-Bye:** Before a euthanasia procedure begins, owners should be given the opportunity to spend a short time alone with their horses, if they so desire. If owners are left alone to say their last good-byes, veterinarians should state when they will return. For instance, the veterinarian may say, "I will be back in about 10 minutes." If more time can be allowed for clients to say good-bye, it should be provided. Owners often report that they felt rushed through the euthanasia process by their veterinarian and feel this negated the other positive aspects of their experience.

Once the procedure has begun, the drugs should be injected as quickly as possible. During this time, the owner should stand away from the horse and the veterinarian's full attention should be given to bringing the horse down as safely and gently as possible. During this time, it is natural for the veterinarian to talk to the horse, calming it and guiding it down safely.

Once horses have actually died, it is very important to use a stethoscope to listen for a final heartbeat. When it is honest to do so, the animal should be pronounced dead. Veterinarians should do this by walking over to the client and saying something such as,

"Mrs. Brown, Sugar is dead. If you want to, you can go in on the safe side of his body, away from his legs, and spend time with him."

At this time, owners may gasp, cry, sob, or sigh with relief. They may make remarks about how quickly death came and about how meaningful the experience of being present was to them. This is a good time for veterinarians to reassure owners about their decisions to euthanize their animals. It is also a good time for veterinarians to express their own feelings of affection and respect for their patients.

For example, the veterinarian might say "I'm going to miss Sugar, too. He always nuzzled me when I came into his stall." These statements may prompt owners to begin a review of their horse's lives. Many owners appreciate the opportunity to talk a bit about their horses and to reminisce about the life that has just come to an end.

## Post-Death Follow-Up Care

After euthanasia, some people want to leave the veterinary facility or euthanasia site quickly, whereas others need more time alone with their horses. Since many owners have invested so much in the physical care of their companion animals, even after death, their animals' bodies remain important to them. If appointments are waiting and owners want to spend time with the body, veterinarians can tell owners they will be back in whatever time frame is reasonable.

Sometimes, family members, especially children, who have not been present at the euthanasia may want to view a horse's body before it is buried, cremated, or sent for rendering. If there is time, horses should be cleaned up or brushed before being presented for owners to see. In addition, all catheters and tape should be removed. When owners are ready to leave, they should be escorted out a side or back door, if possible, so they do not have to exit through busy areas.

Contacting owners after their horses have died is a crucial part of retaining their trust. Sending clients personalized condolence cards or letters should be standard procedure in an equine practice. The content of a condolence should include personal comments about the companion animal who has died. Veterinarians can also confirm that the owner's decision to euthanize their horse was both timely and humane. In addition, mention of any preliminary necropsy results that serve to validate the owner's decision is also helpful to include.

**Loss and Grief:** When the human-animal bond is broken, owners and veterinarians experience loss. Loss is defined as an ending or as a point of change and transition. Clinical experience shows that most horse owners

judge the death of a horse as a significant loss and feel, at the very least, sad and disturbed by the experience

For most horse owners, the actual death of a horse is the main cause of their grief. However, the death of a horse often creates disruptions in other areas of a horse owner's life. These additional disruptions are referred to as secondary losses.<sup>7</sup> Secondary losses have the greatest impact on horse owners who share their leisure activities and daily routines with their companion animals. For example, owners who participate in competitive horse shows lose more than their show partners when their horses die. Along with the primary loss of their horse, they also experience the secondary loss of no longer participating in an enjoyable pastime. Another secondary loss common to horse owners is the end of the supportive relationship the veterinarian has provided them.

Understanding that loss is significant for horse owners in many different ways is important to the delivery of Bond-Centered veterinary care. Understanding, for example, that grief due to a number of secondary losses may last longer or be reactivated more easily enables veterinarians to provide more effective support for clients.

In reviewing his experience with the death of his dog, a 60-year-old client wrote,

"My veterinarian did a beautiful job explaining what was going to happen to my dog Dusty during the euthanasia. He prepared me in great detail for the procedure and for the handling of his body afterwards. But, he didn't tell me what was going to happen to me.

After Dusty died, I couldn't watch a simple 30-minute television program. I couldn't read the Readers' Digest. There were times when I felt so down, I even thought about killing myself. I couldn't express these feelings to anyone because I thought I was the only person who had grieved this deeply for a dog. I couldn't call my veterinarian, the person who knew the most about my relationship with Dusty, because I figured he would think I was crazy. I know now that, if he would have given me just five minutes of grief education, it would have helped me make sense of many of the feelings and behaviors I experienced after Dusty died."<sup>6</sup> (Box 23-1)

Veterinarians who play a more active role in their clients' experiences with loss, often find that most people know very little about coping with grief. They also find that what clients do know, or think they know, is generally inaccurate.

Research and clinical experience show that what people say and do during bereavement is based on the myths and misinformation about grief that are passed along in families from generation to generation.<sup>12</sup> One of the most prominent of these myths is the belief that the best way to handle loss is to be strong and composed during grief. Another is the belief that staying busy and

keeping one's mind off thoughts of the loss is the best way to feel better and to recover more quickly.

These methods of grieving can actually prolong the process of grief and cause grief to become complicated and even pathological. To avoid reinforcing the myths and misinformation, veterinarians need to become knowledgeable about the normal, healthy grieving process.

Veterinarians are more likely to respond to grief in its early, acute phases than in its middle or final stages. Therefore, it is useful for veterinarians to have a basic, working knowledge of the normal manifestations and progression of grief. In a Bond-Centered Practice, grief support begins with a working understanding of normal grief.

**Normal Grief:** Loss and grief are two of the most common human experiences. As a matter of fact, everyone experiences loss and grief repeatedly during the course of their lives. However, loss and grief are also the two normal life processes about which we probably know the least. This is because, until recently, conversations about loss, death, and grief have been viewed as morbid, morose, and even taboo.

Grief is the natural and spontaneous response to loss. We also know it is the normal way to adjust to endings and to change. Grief is the necessary process for healing the emotional wounds caused by loss. Grief is a process, not an event, and, because grief often starts with just the anticipation of loss, we may not always realize when grieving actually begins.

The end of the grief process is as unclear as the beginning. The progression of normal grief happens over no specific time frame. In fact, normal grief may last for days, weeks, months, or even years, depending on the significance of the loss.

During the process of normal grieving, the level of emotional intensity ranges on a continuum from no reactions at all to thoughts of suicide. The intensity of a person's grief response is based on several factors. These include the nature of the loss, the circumstances surrounding the loss, the griever's "pre-loss" emotional status, and the availability of emotional support before, during, and after the loss. If progressing in a healthy manner, grief lessens in intensity over time.

The grief response is unique to each individual. There is no right or wrong way to grieve. Grief is also unique to different groups, societies, and cultures. In most cases, the variables of age, gender, and developmental status greatly affect peoples' expressions of grief. For instance, research conclusively confirms that women shed more tears and cry more often during grief than men.<sup>13</sup> This is probably due to the fact that men are socialized to maintain their composure during

## Box 23-1

## Five Minutes of Grief Education

*Predeath education* should focus on preparation, decision-making, and predictions about how grief is likely to manifest. *Education during grief* should take advantage of "teachable moments." For example, if a client says, "I don't know why I'm acting like this. After all, Jeanie is just a horse," you might say, "Yes, Jeanie is a horse, but she is also your true friend. If your best human friend were dying, you'd be very upset. This situation is no different than that. It's very normal to be feeling and behaving this way." *Postdeath education* should normalize and validate grief and give grievers permission to openly express their feelings. Postdeath education is more effective when it is offered a few days after a death, as clients are often in shock immediately after loss has occurred. They also may not have consciously experienced many of the manifestations of grief.<sup>6</sup>

It is appropriate to educate your clients about grief before, during, and after their horses' deaths. The basic content of your educational synopsis should be adapted according to each loss situation. Information about euthanasia procedures or helping children with grief, for example, can be included when appropriate.

Obviously, information about grief is not delivered in the form of long, dry monologues. It is more common for it to be delivered within the context of a conversation, with clients responding, crying, and/or asking questions along the way.

Grief education is most effective when it is supplemented with written materials. The following is an example of 5 minutes of postdeath grief education. Note that the topics covered include typical grief manifestations, a time frame for grief, the individual characteristics of grief, ideas about memorializing, and referral information.

"Mary, we all experience grief when we lose an important relationship, whether our loss is a human family member or a companion animal, like your horse Jeanie. How feelings of grief are expressed varies from one person to the next. Somehow, though, we all find our own personally meaningful ways to get through important losses.

When grieving, it is not uncommon to cry a lot—or to feel like crying a lot. You may feel sadness, depression, anger, guilt, and even some relief in response to your loss. You might find yourself uninterested in your usual activities for a while as you try to adjust to a new life without Jeanie. You may also have a hard time concentrating on even the most basic tasks and your eating and sleeping routines may be disrupted. Some people find that grieving makes them feel extremely tired and they become irritable and even angry about their losses.

Even as time goes by, it may be hard to accept that Jeanie is really dead. You may find that you think about her frequently and miss her deeply. You may even think you see or hear her. These sensations, these emotions, are common during times of loss. All of them are normal.

Grief can be very unpredictable. One minute you may feel fine and the next minute you may feel awful. That's why there is no specific time frame for grieving. It may take days, weeks, or months to come to terms with Jeanie's death. It may take a year or longer to adapt. You'll have your first holiday season without her (her first birthday or competition). Those can be tough times to get through. The important thing is to find your own pace with it.

Expect that others may want you to feel better before you are able, Mary. You will probably find that everyone in your family grieves in their own way. That is to be expected. You all had a different relationship with Jeanie. Your grief will be different, too.

You might find it helpful to think about some ways to memorialize Jeanie. Some people make a scrapbook of pictures or special objects. Others have a funeral, plant a tree or bush in their horse's honor, or make a donation to an equine-oriented organization in remembrance of their animal. Whatever is most meaningful to you will be the best memorial for Jeanie.

When my horse died I talked to others about how much I missed him and that seemed to help me get through the rough times. You might want some additional support along the way, too. There is a support group in town and several grief counselors who understand the special bonds people have with their animals. I'd like to give you some information about them (business cards and brochures). There are also good books available in our library about companion animal death and the grief that often follows (bibliographies).

My staff and I would like to support you, too. We know Jeanie was a true friend and her death has had a significant impact on your life. We want you to know that we will be thinking about you during this difficult time. How should we leave it between us? Would you like to contact us if you'd like to talk further, or would you prefer that one of us call you in the next week or so to see how you are doing?"

emotional times, while women are socially conditioned to express their feelings more openly. Research also confirms that children grieve just as deeply as adults. Due to their shorter attention spans, though, they do so more sporadically.

Clinical experience shows that, when the expression of grief is restricted in some way, the healing time for recovery is prolonged. Likewise, when grief is freely expressed, the healing time for recovery from loss is, in general, greatly reduced.

Equine veterinarians can best help horse owners by encouraging them to openly express their grief-related thoughts and feelings. They can also give clients permission to grieve by encouraging them to cry, to ask questions, to view their horse's bodies, and to reminisce about their horse's lives. When permission to grieve comes from an authority figure like a veterinarian, clients are reassured that grief over the death of a horse is not immature, overly sentimental, or crazy. As Dusty's owner said in his essay about his dog's death, a veterinarian's encouragement, along with 5 minutes of grief education, can save clients months and even years of emotional pain, worry, and embarrassment after the death of an animal.

To provide your clients with 5 minutes of education about normal grief, you must understand how normal griever generally think, feel, and behave. Boxes 23-1

and 23-2 provide an overview of the normal symptoms of grief and suggestions for a brief discussion regarding grief education.

## Conclusion

In a geriatric equine practice, it is important for veterinarians to realize that the grief process often begins before death actually occurs. Anticipatory grief occurs prior to an actual death.<sup>7</sup> For horse owners, it begins when they first begin to sense that their relationship with their beloved friend may end sooner than they had hoped. The symptoms of anticipatory grief include any or all of the manifestations of normal grief detailed in Box 23-2.

As a horse continues to age and deteriorate, owners must adjust to many changes in appearance, personality,

### Box 23-2

#### Manifestations of Grief

Although grief responses, in general, differ from one person to another, there are many predictable manifestations of grief. These manifestations occur on physical, intellectual, emotional, social, and spiritual levels. Before, during, and after loss, grief may appear in several of these forms:

##### Physical

Crying, sobbing, wailing, shock and numbness, dry mouth, a lump in the throat, shortness of breath, stomach ache or nausea, tightness in the chest, restlessness, fatigue, exhaustion, sleep disturbance, appetite disturbance, body aches, stiffness of joints or muscles, dizziness, or fainting.

##### Intellectual

Denial, sense of unreality, confusion, inability to concentrate, feeling preoccupied by the loss, experiencing hallucinations concerning the loss (visual, auditory, and olfactory), a need to reminisce about the loved one and to talk about the circumstances of the loss, a sense that time is passing very slowly, a desire to rationalize or intellectualize feelings about the loss, thoughts or fantasies about suicide (not accompanied by concrete plans or behaviors).

##### Emotional

Sadness, anger, depression, guilt, anxiety, relief, loneliness, irritability, a desire to blame others for the loss, resentment, embarrassment, self-doubt, lowered self-esteem, feelings of being overwhelmed or out of control, feelings of hopelessness and helplessness, feelings of victimization, giddiness, affect that is inappropriate for the situation (nervous smiles and laughter).

##### Social

Feelings of withdrawal, isolation and alienation, a greater dependency on others, a rejection of others, rejection by others, a reluctance to ask others for help, change in friends or in living arrangements, a desire to relocate or move, a need to find distractions from the intensity of grief (to stay busy or to overcommit to activities).

##### Spiritual

Bargaining with God in an attempt to prevent loss, feeling angry at God when loss occurs, renewed or shaken religious beliefs, feelings of being either blessed or punished, searching for a meaningful interpretation of a loved one's death, paranormal visions or dreams concerning a dead loved one, questioning whether or not souls exist and wondering what happens to loved ones after death, the need to "finish business" with a purposeful ending or closure to the relationship (a funeral, memorial service, last rites ceremony, good-bye ritual).

and physical capabilities as well as give up knowing their horses in the ways they used to know them. During this period of anticipatory grief, owners begin the process of saying good-bye and many, either consciously or subconsciously, detach from their horses, investing emotional energy into other companion animals and other aspects of their lives. For the most part, emotional detachment is healthy and represents an owner's attempt to prepare for the death. Still, when death arrives, it is emotionally painful for all involved. This is when Bond-Centered veterinarians shine. The commitment they make to extend their care beyond medical treatment to also soothe their clients' pain helps everyone work together to guide that special horse through the final transition from life to whatever lies beyond.

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